
**Early Learning & Children's Services
Committee**

HB 1759

Brief Description: Concerning minors in need of lifesaving medical treatment.

Sponsors: Representatives Quall and Kagi.

Brief Summary of Bill

- Requires hospital administrators and licensed physicians to notify Child Protective Services (CPS) if a parent refuses available lifesaving medical treatment for a child and the child is at substantial risk of death without the treatment.
- Requires the CPS to promptly investigate all reports from hospital administrators and licensed physicians regarding parental refusal to give consent for lifesaving medical treatment for a minor.
- Directs the court to appoint a guardian ad litem for a child whenever CPS takes court action in response to a report from a licensed physician or hospital administrator regarding parental refusal to give consent for lifesaving medical treatment for a minor.

Hearing Date: 2/10/09

Staff: Sydney Forrester (786-7120)

Background:

Healthcare providers are required by state law to obtain parental consent before providing medical treatment to minors under age 18, except in specific limited circumstances. The exceptions to the general rule requiring parental consent for healthcare include emergency situations where the parent can not be located readily, and specific types of care, such as mental health and chemical dependency treatment, and reproductive healthcare, for which minors have a right to consent independently from their parents.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Licensed doctors and hospital administrators are permitted to detain a child in temporary protective custody whenever the circumstances or condition of the child support reasonable cause to believe the child would be in imminent danger if released to or permitted to remain residing with or in the custody of the child's parent or legal guardian. This authority to detain a child exists regardless of whether medical treatment is required.

If a child is detained in temporary custody by a hospital administrator or a physician, notice must be provided promptly and within 72 hours to law enforcement or Child Protective Services (CPS). If CPS is notified first, CPS may take the child into custody for up to 72 hours, pending a court hearing. If law enforcement is notified first, law enforcement must take the child into temporary custody and notify CPS who must assume custody of the child pending a court hearing to be held within 72 hours.

The child may be released from CPS custody only if the court assumes custody of the child, or upon a documented and substantiated record that in CPS's professional judgment the child will not be endangered if returned home or into the custody of the child's legal parent or guardian. If the child is returned, CPS must establish a six-month monitoring plan to assure the child's continued health and safety. The monitoring period may be extended for good cause. If their actions are taken in good faith, the hospital administrator, physician, and CPS and law enforcement personnel are immune from civil liability.

Summary of Bill:

If a hospital administrator or a licensed physician become aware of a parent or guardian's refusal to consent to available lifesaving medical treatment for a minor, the administrator or physician must notify CPS at the earliest opportunity. Upon receipt of such a referral, CPS must investigate the report according to protocols for urgent cases.

If CPS files a dependency petition, the court must appoint a guardian ad litem for the minor.

Appropriation: None.

Fiscal Note: Requested on January 30, 2009.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.